

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

42206

REGISTRATION DISTRICT NO. 207Primary Registration District No. 4125-

Registrar's No.

28-38

1. PLACE OF DEATH:

- (a) County Clinton
- (b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
County Farm
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution Two Months
(Specify whether years, months or days) 3
- In this community _____
years, months or days 3

3. (a) PRINT FULL NAME Henry Coons3. (b) If veteran,
name war _____3. (c) Social Security
No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married,
divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 65 hr. min.9. Birthplace not known (City, town, or county) (State or foreign country)10. Usual occupation not known

11. Industry or business _____

12. Name not known

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Haughey

(b) Address Plattsburg Missouri

17. (a) burial (b) Date thereof Dec 30 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo

18. (a) Signature of funeral director O'Brien Lyon

(b) Address Plattsburg Missouri

19. (a) Dec 30 - 40 (b) Emilee Chastain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Clinton
- (c) City or town Plattsburg
(If outside city or town limits, write "RURAL")
- (d) Street No. County Farm
(If rural, give location)
- 0
- (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 40 hour six minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 1st
Dec 29, 1940 to Dec - 29, 1940
that I last saw him live on Dec 28th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Myocarditis

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
1 500
while at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S D Reynolds (M. D. or other)Address Plattsburg Mo Date signed 12-30-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Darrell W. Lyon*

Licensed Embalmer No... **3640**

P. O. Address... **plattsburg Missouri**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.